

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-6-02  
 \* 01-348  
 Arthur V. Belendiuk  
 Smithwick & Belendiuk, P.C.  
 5028 Wisconsin Avenue, N.W.  
 Suite 301  
 Washington, DC 20016

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12/16/02  
 C. Signature X. Schunemann ☐ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

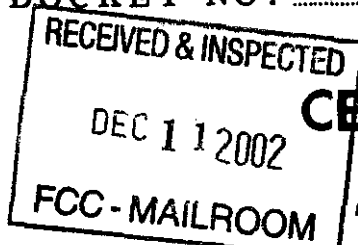
0023 0771 2801

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348



**CERTIFIED  
MAIL**

ORDER DATED <u>12-6-02</u>
FCC <u>DM-109</u>
MIMEOGRAPH NO.

**RETURN RECEIPT REQUESTED**

**NAME:** Arthur V. Belendiuk  
 Smithwick & Belendiuk, P.C.  
 5028 Wisconsin Avenue, N.W.  
 Suite 301  
 Washington, DC 20016

C. R. R. NO. \_\_\_\_\_

BY

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

\_\_\_\_\_

Postage	\$ <u>37</u>
Certified Fee	<u>2-30</u>
Return Receipt Fee (Endorsement Required)	<u>1-25</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.42</u>

Name (Please Print Clearly) (to be completed by mailer)  
ARTHUR V. BELENDIUK  
 Street, Apt. No., or PO Box No. Suite 300  
 City, State, ZIP+4  
WASHINGTON, DC 20016

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2801